STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15C0001178	A. BUILDING **01 - SAXONY SURGERY CENTER** B. WING _____	**08/17/2016**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAXONY SURGERY CENTER	**13100 EAST 136TH STREET STE 1100 FISHERS, IN 46037**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS A Life Safety Code Recertification survey was conducted by the Indiana State Department of Health in accordance with Department of Health in accordance with 42 CFR 416.44(b). Survey Date: 08/17/16 Facility Number: 012623 Provider Number: 15C0001178 AIM Number: NA At this Life Safety Code Recertification survey, Saxony Surgery Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 416.44(b), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 20, New Ambulatory Health Care Occupancies. The facility was located on the northwest section of the first floor of a three story medical office building and was determined to be of Type II (222) construction and fully sprinkled. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors. Quality Review completed 08/24/16 - DA	K 000		
K 046	416.44(b)(1) LIFE SAFETY CODE STANDARD Emergency illumination of at least 1 1/2 hour duration is provided in accordance with section 7.9. 20.2.9.1, 21.2.9.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure 9 of 9 battery backup exit signs and 2 battery backup lights were tested monthly	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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K 046	Continued From page 1 and annually for 90 minutes over the past year to ensure the light would provide lighting during periods of power outages. Section 7.9.3 requires a functional test shall be conducted on every required emergency lighting system at 30 day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all patients in the facility. Findings include: Based on observations on 08/17/16 during a tour of the facility from 10:20 a.m. to 12:10 p.m. with the clinical manager and property manager, the surgery center had nine battery backup exits lights located throughout the surgery center and two battery backup lights located at the outside emergency generator location. Based on an interview with the clinical manager and property manager on 08/17/16 at 11:30 a.m., it was indicated there are no records to indicated monthly tests have been conducted over the past year or an annual ninety minute test had been conducted over the past year for the nine battery backup exit signs and two battery backup lights. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m.	K 046		
K 048	416.44(b)(1) LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 20.7.1.1, 21.7.1.1	K 048		

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K 048	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to provide a written fire safety plan to include the use of the alarms, the transmission of the alarm to the fire department, response to alarms, isolation of fire, evacuation of the immediate area, evacuation of smoke compartments, preparation of the floor and building for evacuation and extinguishment of fire. LSC 20.7.2.2 requires a written ambulatory health care facility fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to the fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire This deficient practice affects all patients in the facility. Findings include: Based on a review of the facility's written Emergency Plan on 08/17/16 at 10:20 a.m. with the clinical manager, the facility lacked a written fire safety plan addressing the use of the alarms, the transmission of the alarms to the fire department, the response to the alarms, isolation of fire, evacuation of the immediate area, evacuation of the smoke compartments, preparation of the floor and building for evacuation and extinguishment of fire. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m.	K 048		
K 130	416.44(b)(1) MISCELLANEOUS	K 130		

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K 130	Continued From page 3 OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: 1. Based on record review and interview, the facility failed to provide a written policy for the protection of patients in the event the fire alarm system had to be placed out of service for four hours or more in a 24 hour period. LSC 20.3.4.1 requires ambulatory health care facilities shall be provided with fire alarm systems in accordance with Section 9.6. Section 9.6.1.8 requires where a required fire alarm system is out of service for more than 4 hours in a 24 hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. This deficient practice affects all patients in the facility. Findings include: Based on review of the facility Emergency Plan with the clinical manager on 08/17/16 at 10:20 a.m., the facility did not have a written policy and procedure for an impaired fire alarm system. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m. 2. Based on record review interview, the facility failed to provide a written policy for the protection of patients in the event the automatic sprinkler system has to be placed out of service for 4 hours or more in a 24 hour period in accordance with LSC, Section 9.7.6.1. LSC 9.7.6.2 requires sprinkler impairment procedures comply with NFPA 25, Standard for Inspection, Testing and	K 130		

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K 130	Continued From page 4 Maintenance of Water-Based Fire Protection Systems. NFPA 25, 11-5(d) requires the local fire department be notified of a sprinkler impairment and 11-5(e) requires the insurance carrier, alarm company, building owner/manager and other authorities having jurisdiction also be notified. This deficient practice could affect all patients in the facility. Findings include: Based on review of the facility Emergency Plan with the clinical manager on 08/17/16 at 10:20 a.m., the facility did not have a written policy and procedure for an impaired automatic sprinkler system. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m. 3. Based on record review and interview, the facility failed to ensure sprinkler waterflow alarm devices were tested quarterly for 1 of the past 4 quarters. LSC 20.7.6 requires maintenance and testing to refer to 4.6.12. LSC 4.6.12 requires existing life safety features obvious to the public shall be maintained. LSC 9.7.5 refers to NFPA 25, the Standard for Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, at 2-3.3 requires waterflow alarm devices including but not limited to, mechanical water motor gongs, vane-type waterflow devices and pressure switches that provide audible or visual signals to be tested quarterly. This deficient practice affects all patients, staff and visitor. Findings include:	K 130		

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K 130	Continued From page 5 Based on record review on 08/17/16 at 11:10 a.m. with the clinical manager and property manager, there was no record of quarterly sprinkler system inspection for the second quarter of the year 2016. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m. 4. Based on record review and interview, the facility failed to ensure 2 of 2 private fire hydrants were continuously maintained in reliable operating condition and inspected and tested periodically. NFPA 25, 1998 Edition, the Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems at Section 4-2.2.4 requires dry barrel hydrants to be inspected annually and after each operation. Hydrants shall be inspected, and the necessary corrective action shall be taken. This deficient practice affects all occupants in the facility including staff, visitors and residents. Findings include: Based on record review on 08/17/16 at 11:10 a.m. with the clinical manager and property manager, the most recent Annual Inspection and Test of Fire Hydrants from Koorsen Fire and Security dated 03/28/16 indicated the northwest surgery center fire parking lot fire hydrant could not be tested because cars were parked too close and the south surgery center parking lot fire hydrant pitot reading did not register due to low water pressure. Based on an interview with the property manager on 08/1/16 at 11:15 a.m., when asked if a follow up visit was made by Koorsen Fire and Security to retest the two parking lot fire hydrants, the property manager indicated there was no follow up visit made by Koorsen Fire and	K 130		

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K 130	Continued From page 6 Security. This was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m.	K 130		
K 144	416.44(b)(1) LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: 1. Based on record review, the facility failed to ensure a written record of weekly inspections of the starting batteries for the generator was maintained for 48 of 52 weeks over the past year. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires storage batteries, including electrolyte levels, be inspected at intervals of not more than 7 days and shall be maintained in full compliance with the manufacturer's specifications. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available by the authority having jurisdiction. This deficient practice could affect all patients, staff and visitors. Findings include: Based on review of the emergency generator Weekly Inspection Checklist from Macallister	K 144		

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K 144	Continued From page 7 Power Systems on 08/17/16 at 10:35 a.m. with the clinical manager and property manager, the most recent Weekly Inspection Checklist provided for review was dated 06/24/16. Furthermore, the property manager provided a checklist indicating Macallister Power Systems was providing quarterly inspections on the emergency generator over the past year. The lack of weekly inspections of the emergency generator over the past year was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m. 2. Based on record review and interview, the facility failed to ensure the load testing for the emergency generator was conducted for 8 of the past 12 months under operating conditions or not less than 30 percent of the nameplate rating for the emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice affects all patients, staff and visitors. Findings include: Based on review of the emergency generator	K 144		

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K 144	Continued From page 8 Weekly Inspection Checklist from Macallister Power Systems on 08/17/16 at 10:35 a.m. with the clinical manager and property manager, the most recent load test was conducted during a Weekly Inspection Checklist dated 06/24/16. Furthermore, the property manager provided a checklist indicating Macallister Power Systems was providing quarterly inspections on the emergency generator over the past year which included a quarterly load test. The lack of monthly load tests for eight of the past twelve months over the past year was acknowledged by the clinical manager at the exit conference on 08/17/16 at 12:10 p.m. Based on review of the emergency generator Monthly Test log with the administrator on 07/30/15 at 2:05 p.m., monthly load tests of the emergency generator were documented for the following months over the past year; 06/30/15 and 07/26/15. Based on an interview with the administrator on 07/30/15 at 2:10 p.m., monthly load tests of the emergency generator were not conducted before June 2015 over the past year. The lack of monthly load tests for the emergency generator before June 2015 was verified by the administrator at the time of record review and acknowledged at the exit conference on 07/30/15 at 2:25 p.m.	K 144		